

**South Carolina**  
**Department of Health and Human Services**  
**Post Office Box 8206**  
**Columbia, South Carolina 29202-8206**  
[www.scdhhs.gov](http://www.scdhhs.gov)  
 June 29, 2010

# MEDICAID BULLETIN

**Phys**  
**Dent**  
**MC**  
**Hosp**  
**Med Clin**  
**MHRC**  
**HH**  
**Pharm**

**TO: Providers Indicated**

**SUBJECTS: South Carolina Medicaid Preferred Drug List**

The following revisions to the Preferred Drug List (PDL) are effective with dates of service on or after August 1, 2012.

| ANTICONSULSANTS, RECTAL PREPARATIONS             |                           |
|--|---------------------------|
| Preferred  | Non-Preferred             |
| DIASAT <i>Added as Preferred</i>                 | DIAZEPAM RECTAL           |
| ATYPICAL ANTIPSYCHOTICS, LONG ACTING INJECTABLES |                           |
| Preferred  | Non-Preferred             |
| INVEGA SUSTENNA <i>Added as Preferred</i>        | ZYPREXA RELPREVV          |
| RISPERDAL CONSTA <i>Added as Preferred</i>       |                           |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS  |                           |
| Preferred  | Non-Preferred             |
| ADDERALL XR                                      | AMPHETAMINE SALT COMBO ER |
| AMPHETAMINE SALT COMBO                           | DAYTRANA                  |
| CONCERTA   | DESOXYN                   |
| DEXMETHYLPHENIDATE                               | DEXEDRINE SPANSULE        |
| DEXTROAMPHETAMINE TABLET                         | FOCALIN                   |
| DEXTROAMPHETAMINE CAP ER                         | KAPVAY                    |
| FOCALIN XR                                       | METHAMPHETAMINE           |

| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS (continued)   |   |
|---|---|
| INTUNIV<br>METADATE CD<br>METHYLPHENIDATE<br>METHYLPHENIDATE ER<br>RITALIN LA<br>STRATTERA<br>VYVANSE               | METHYPHENIDATE ER (Generic Concerta)<br>METHYPHENIDATE ER (Generic Ritalin LA)<br>METHYLIN <i>Changed to Non-Preferred</i><br>NUVIGIL<br>PROCENTRA<br>PROVIGIL<br>RITALIN<br>RITALIN SR   |
| LIPOTROPICS, STATINS  |   |
| Preferred   | Non-Preferred   |
| ATORVASTATIN <i>Added as Preferred</i><br>LESCOL<br>LESCOL XL<br>LOVASTATIN<br>PRAVASTATIN<br>SIMCOR<br>SIMVASTATIN | ADVICOR <i>Changed to Non-Preferred</i><br>ALTOPREV <i>Changed to Non-Preferred</i><br>AMLODIPINE-ATORVASTATIN<br>CADUET <i>Changed to Non-Preferred</i><br>CRESTOR† <i>Changed to Non-Preferred</i><br>LIPITOR <i>Changed to Non-Preferred</i><br>LIVALO<br>MEVACOR<br>PRAVACOL<br>VYTORIN<br>ZOCOR<br><i>†Those patients already on Crestor® will be grandfathered.</i> |
| CHOLESTEROL ABSORPTION INHIBITORS   |   |
| Preferred   | Non-Preferred   |
|   | ZETIA‡ <i>Changed to Non-Preferred</i><br><i>‡No PA required for Zetia® if statin or fenofibrate within 90 days in patient history</i>  |
| BILE ACID SEQUESTERING RESINS   |   |
| Preferred   | Non-Preferred   |
| CHOLESTYRAMINE<br>CHOLESTYRAMINE LIGHT<br>COLESTIPOL TABLET   | COLESTID<br>COLESTIPOL GRANULES <i>Changed to Non-Preferred</i><br>QUESTRAN<br>QUESTRAN LIGHT<br>WELCHOL‡ <i>Changed to Non-Preferred</i><br><i>‡No PA required for Welchol® if concurrent statin or intolerance to statin within 90 days in patient history.</i>   |

| FIBRIC ACID DERIVATIVES                                    |   |
|--|---|
| Preferred  | Non-Preferred   |
| GEMFIBROZIL<br>TRICOR<br>TRILIPIX                          | ANTARA<br>FENOFIBRATE<br>FENOFIBRIC ACIDE<br>FIBRICOR<br>LIPOFEN<br>LOPID<br>LOVAZA‡ <i>Changed to Non-Preferred</i><br>TRIGLIDE<br><br>‡No PA required for Lovaza® if intolerance of Fenofibrate, Gemfibrozil or Niacin within 90 days in patient history. |
| BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS |   |
| Preferred  | Non-Preferred   |
| FORADIL <i>Added as Preferred</i><br>SEREVENT              | ARCAPTA   |
| PANCREATIC ENZYMES   |   |
| Preferred  | Non-Preferred   |
| CREON<br>PANCRELIPASE<br>ZENPEP <i>Added as Preferred</i>  | PANCREAZE   |
| PROTON PUMP INHIBITORS                                     |   |
| Preferred  | Non-Preferred   |
| PANTOPRAZOLE<br>OMEPRAZOLE OTC<br>OMEPRAZOLE RX            | ACIPHEX<br>DEXILANT<br>LANSOPRAZOLE<br>NEXIUM<br>PREVACID<br>PRILOSEC OTC<br>PROTONIX<br>ZEGERID OTC  |

| GROWTH HORMONES |  |
|-----------------|--|
| Preferred       | Non-Preferred  |
| NORDITROPIN     | GENOTROPIN <sup>†</sup> <i>Changed to Non-Preferred</i>                  |
| NUTROPIN        | HUMATROPE  |
|                 | OMNITROPE  |
|                 | SAIZEN   |
|                 | SEROSTIM   |
|                 | TEV-TROPIN   |
|                 | ZORBTIVE   |
|                 | <sup>†</sup> Those patients already on Genotropin® will be grandfathered |

The list above only reflects changes to the PDL. To view the complete PDL, please refer to our website at <http://southcarolina.fhsc.com>. Please note that the Topical Acne Agents therapeutic class has been combined for your convenience and Topical Steroids are a new therapeutic class.

Prescribers are encouraged to write prescriptions for preferred products. However, if it is determined that a patient's condition requires therapy with a non-preferred drug, the prescriber (or his/her designated office personnel) is responsible for initiating the Prior Authorization (PA) request. A prospective, approved PA request will prevent rejection of prescription claims at the pharmacy due to the PA requirement.

PA requests may be submitted online, via telephone, or fax to the Magellan Medicaid Administration Clinical Call Center. To access the WebPA tool for online PA submission, visit <http://southcarolina.fhsc.com>, click on "Prescribers", then "WebPA". New users will need to click on "UAC" in the right hand corner to request a User ID and Password. The toll-free telephone and fax numbers for the Clinical Call Center are **866-247-1181** and **888-603-7696**, respectively. The Magellan Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be provided to beneficiaries. Magellan's Beneficiary Call Center telephone number for Pharmacy Services is **800-834-2680**.

Any questions regarding this bulletin should be directed to your Program Representative in the Division of Pharmacy Services at (803) 898-2876.

/s/  
Anthony E. Keck  
Director